

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Cochise</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>133a</u>
District of <u>Miami</u>	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>582</u>
Town of _____	No. <u>715 Meritt</u>	St. _____	Local Registrar No. _____
or _____	(If birth occurred in a hospital or institution, give its NAME instead of street and number)		
City of _____	Ward _____		
2. Full name of child <u>Dorothy Kathryn Quay</u>			
3. Sex of Child <u>Female</u>			
4. Twin, triplet or other _____			
5. Legitimate? <u>Yes</u>			
6. Date of birth <u>June-10-1924</u>			
7. Month day year			
8. FATHER		9. MOTHER	
Full name <u>Albert C. Quay</u>		Full maiden name <u>Nora Eleanor Levett</u>	
10. Residence (Usual place of abode) <u>Miami, Ariz</u>		11. Residence (Usual place of abode) <u>Miami, Ariz</u>	
If nonresident, give place and state		If nonresident, give place and state	
12. Color or race <u>White</u>		13. Color or race <u>White</u>	
14. Age at last birthday <u>40</u> (Years)		15. Age at last birthday <u>28</u> (Years)	
16. Birthplace (city or place) <u>Emporia Kansas</u>		17. Birthplace (city or place) <u>Llano Texas</u>	
(State or country)		(State or country)	
18. Occupation <u>Barber</u>		19. Occupation <u>Housewife</u>	
Nature of industry		Nature of industry	
20. Number of children of this mother (a) Born alive and now living <u>2</u>		21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>	
(b) Born alive but now dead _____			
(c) Stillborn <u>None</u>			
(Taken as of time of birth of child herein certified and including this child.)			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was _____ at _____ on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature _____	
Given name added from a supplemental report _____		Address _____	
Month, day, year _____		Filed <u>Aug 31</u> 19 <u>24</u>	
Registrar. _____		Filed <u>9-5</u> 19 <u>24</u>	
		Local Registrar. <u>C. E. Quinn</u>	
		County Registrar. <u>B. G. Fox</u>	

488-610-533